

# EXHIBIT J

DBM-2/14/2019

Physician's Report  
FormNFL Player Disability & Neurocognitive  
Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the Plan Office (Tel. No. (800) 638-3186) if you are contacted by any of these individuals.

Players Name Loper, Daniel  
 Date of Birth [REDACTED]  
 Address [REDACTED]  
 Credited Seasons 2005 - 2012  
 Telephone [REDACTED]

Did you evaluate the player? Yes  
 If so, when? 11/14/2018  
 Have you or any of your partners ever treated the Player? No  
 Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system? No

## Impairments

Left Shoulder Points Total: 3  
 Right Shoulder Points Total: 3

Impairments Total: 6

General Comments: Player had a compartment release of left leg that is not a ratable procedure.

Confirmation: I, Glenn Perry, M.D., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.  
☒ I agree.

Physician Glenn Perry, M.D.

## Reviewer's Comments

## Comments

DL-00798



## NFL Player Disability & Neurocognitive Benefit Plan

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### Physician's Report Form

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**Players Name** Loper, Daniel  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Credited Seasons** 2005 - 2012  
**Telephone** [REDACTED]

**Did you evaluate the player?** Yes  
**If so, when?** 11/14/2018  
**Have you or any of your partners ever treated the Player?** No  
**Is the patient's condition the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system?** No

#### Impairments

##### Left Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes
<b>Left Shoulder Points Total:</b>	3		

##### Right Shoulder

	Occurrences	Comments	NFL Related
<input checked="" type="checkbox"/> Symptomatic Shoulder Instability	1	Multiple injuries with clinical and MRI evidence supporting post. instability.	Yes
<b>Right Shoulder Points Total:</b>	3		

**Impairments Total:** 6

**DL-00799**

DBM-2/14/2019

**Narratives**

Please upload PDF or Jiff versions of your documents.

Daniel Loper PDF.pdf

103.42KB

**General Comments:**

Player had a compartment release of left leg that is not a ratable procedure.

**Confirmation:**

I, Glenn Perry, M.D., certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narratives. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against the Player.

☒ I agree.

**Physician**

Glenn Perry, M.D.

**Reviewer's Comments**

**Comments**

**DL-00800**

November 15, 2018

Daniel Loper

DOB [REDACTED]

NFL Independent Medical Evaluation—Line of Duty

36-year-old offensive lineman played in college at Texas Tech. He played for Tennessee 2000 5/2/2008, Detroit 2009, Oakland 2010, Dallas 2011,

Cervical spine/neck: Patient gives a report of multiple stingers during his NFL career that also lead to a stiff neck. He complains of numbness in his arms and fingers as well as pain in his neck. Records indicate an MRI of the cervical spine on August 29, 2017 impression: C6-C7 3 mm disc herniation with osteophyte. Moderate spinal stenosis and mild cord effacement. Mild bilateral foraminal stenosis. Also 1-2 mm disc bulge at 3 other levels. Records indicate electrodiagnostic studies from the neurology office of Dr. Garrison Strickland on 4/10/2018. The report shows carpal tunnel syndrome bilateral wrists but no evidence of cervical or lumbar radiculopathy based on this electrodiagnostic study. Exam 11/15/2018 shows no evidence of radiculopathy with no focal deficits of motor, sensory, reflex.

Lumbar spine: Patient has complained of lower back pain throughout his career. He continues with lower back pain since his career and has pain with lifting and bending. He does give a history of pain shooting down both legs but no history of numbness. Records indicate MRI lumbar spine August 29, 2017, L5-S1 3 mm disc herniation with mild left lateral recess stenosis. Moderate left foraminal stenosis with mild effacement of the L5 nerve root. As stated previously, an electrodiagnostic study by Dr. Garrison Strickland dated 4/10/2018 shows no evidence of a lumbar radiculopathy. Exam 11/15/2018 shows no evidence of radiculopathy and no focal deficits of motor sensory reflex. Patient had negative straight leg raising.

Left shoulder: Patient reported pain in his left shoulder during his career. He did not have any surgery on his shoulder but now feels as if the shoulder is unstable. Records indicate an MRI August 29, 2017 that shows degeneration of the superior labrum with partial detachment of the posterior superior labrum with para labral ganglion cyst. Also posterior subluxation of the humeral head with flattening the posterior glenoid. Exam 11/15/2018 shows marked decreased range of motion in abduction and pain and apprehension with posterior subluxation. Patient gives a history of recent surgery by Dr. Burton Elrod but no operative note is available.

Right shoulder: Patient reports similar symptoms in his right shoulder as per his left. Again he did not have any surgery during his NFL career but does feel as if the shoulder is unstable. Records indicate an MRI dated August 29, 2017 show posterior labral fraying and tearing and attenuation with posterior subluxation of the humeral head most likely due to the posterior labral tearing. Exam 11/15/2018 shows pain and apprehension with posterior subluxation.

Right knee: Patient reports injuries to his right knee including an medial collateral ligament sprain that was treated without surgery. Patient does feel popping with lateral motion from his knee and reported

**DL-00801**

a prepatellar bursitis with Oakland in 2011. There are no MRs of the right knee as part of his records. Patient did have an x-ray of the right knee August 29, 2017 that showed mild medial joint space narrowing and ossification that projects over the superior aspects of the medial knee possibly due to a previous medial collateral ligament injury. This is consistent with the patient's history. Exam 11/15/2018 largely unremarkable

Left knee: Records indicate an MRI of the left knee August 29, 2017 that shows tendinitis of the patella quadriceps and popliteal tendons as well as prepatellar edema but no internal derangement. Patient had an x-ray of the left knee dated August 29, 2017 that showed mild medial joint space narrowing otherwise no evidence of fracture erosive or destructive process. Exam 11/15/2018 unremarkable

Right ankle: Patient gave a history of surgery on the right ankle in 1992. Records indicate an MRI August 29, 2017 that indicate high-grade tears of the anterior tibiofibular and anterior talofibular ligaments with some chronic bony fragmentation of the lateral malleolus and a prominent posterior process of the talus. Patient had an x-ray of the right ankle dated August 29, 2017 that showed chronic bone fragment of the lateral malleolus posterior calcaneal spurring and marginal osseous ridging off the superior talar neck. Exam 11/15/2018 increased inversion.

Left ankle: Records indicate an MRI dated August 29, 2017 that show tibialis posterior tendinosis distal Achilles tendinosis, talonavicular arthrosis, and thickening and scarring of the anterior talofibular ligament suggestive of previous injury without tear defect. Patient had an x-ray of the left ankle August 29, 2017 that show no medial or lateral malleolar soft tissue swelling. No evidence of fracture erosive or destructive process. Mild marginal osseous ridging off the superior talar neck. Exam 11/15/2018 increased inversion

Left hand: Patient had a x-ray of the left hand August 29, 2017 that shows no evidence of fracture erosive or destructive process

Left wrist: Patient had an x-ray dated August 29, 2017 that showed no evidence of fracture erosive or distractive process with mild arthrosis at the first metacarpal phalangeal joint

Patient had a left leg compartment syndrome in 2008 with Tennessee. He had a compartment release performed. He was able to return to play but does complain of soreness at the incision site.

Patient had a lacerated spleen in 2006. It was treated nonoperatively

I, Glenn B Perry M.D., have personally reviewed all 32 pages of the patient's medical record as well as the player's appeal letter.